Availability:	**Please visit this website for more information about the instrument:** PLEASE CLICK HERE FOR INSTRUMENT
Classification:	Supplemental
Short Description of Instrument:	**Summary/Overview of Instrument:** A self-rated questionnaire that primarily assesses nighttime sleep problems. It focuses on sleep experiences over the past month. It has 19 self-rated questions and 5 additional questions for a bed partner or roommate.
	Construct measured: Sleep quality, sleep habits and sleep disturbances. Seven component scores: subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleeping medication, daytime dysfunction
	Generic vs. disease specific: Has been used in many different populations; it is not disease specific.
	Intended use of instrument/purpose of tool: Can be used as a screening instrument for nighttime sleep disturbance or for clinical studies. It cannot be used to diagnose specific sleep disorders, but instead may help distinguish "good" versus "poor" sleepers.
	Means of administration: Paper and Pencil
	Location of administration: Clinic, Home
	Intended respondent: Patient (with 5 supplemental questions for a bed partner or roommate)
	# of items: 24 (19 self-rated items, and 5 supplemental items to be rated by a bed partner or roommate)
	# of subscales and names of sub-scales: 7 – Subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleeping
	Strengths: Extensive literature of its use in other populations. Includes a number of questions for bed partners (though these are not comprehensive and are not used in the scoring.)
	Weaknesses: Primarily assesses nighttime sleep problems; wording might be confusing; does not directly address changes in circadian rhythms (sleep time shifting to the day and awake all night) that clinically is often observed in HD patients; the wording of certain questions is likely problematic for patients with HD and measures other constructs such as mood or motivation, e.g., "during the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done."
	One study (Aziz et al., 2010) in an HD population found the education, daytime dysfunction SCOPA-S more internally consistent, and much easier to score and use than the PSQI. The scoring algorithm is unusually complex.
	Translations available: It has been translated in over 56 languages, according to the University of Pittsburgh Sleep Medicine Institute website where these versions can be requested.

Scoring:	**Scoring:** Seven component scores are calculated, each scored from 0 to 3, the total score ranges from 0 to 21, with higher scores indicating more severe sleep problems in many areas. Scoring requires following closely a complex algorithm and is not a simple summation of answers. A cutoff of 5/6 for the total score is used in general populations to distinguish between "good" and "poor" sleepers. Scoring can be time consuming.
	Standardization of scores to a reference population (z scores, T scores, etc): The PSQI scores are not standardized to a particular population but this instrument has been used in many different populations
	If scores have been standardized to a reference population, indicate frame of reference for scoring (general population, HD subjects, other disease groups, etc). (See above.) While the scores are not standardized to a particular reference population, the cutoff of 5/6 for "good" versus "poor" sleepers was developed from general population samples and thus it may not carry over as the best screening cutoff for specific populations such as HD subjects.
Psychometric Properties:	**Reliability:** Test-retest or intra-interview (within rater) reliability (as applicable): The Pearson correlation coefficient for test-retest reliability in a non-HD population was 0.87 and is stable over time (Högl et al., 2010). Inter-interview (between-rater) reliability (as applicable): not available in reviewed references Internal consistency: A Cronbach's alpha of 0.72 was found in a one HD study (Aziz et al. 2010); Cronbach's alphas of between 0.80 and 0.83 have been reported for the PSQI in different studies of non-HD populations.
	Validity: Content validity: Not available in reviewed references Construct validity: In the original study, the instrument successfully discriminated between clinical populations of good sleepers (normal healthy controls) and patients from a sleep evaluation clinic. In a HD sample, the measure correlated highly with another sleep measure, the SCOPA-SLEEP.
	Sensitivity to Change/ Ability to Detect Change (over time or in response to an intervention): Unknown
	Known Relationships to Other Variables: Not available in reviewed references Diagnostic Sensitivity and Specificity, if applicable (in general population, HD population- pre-manifest/ manifest, other disease groups): Not useful for diagnosis of sleep disorders
References:	**Key Reference:** Buysse DJ, Reynolds CF, Monk TH, Berman SR, Kupfer DJ. Psychiatry Research 1989; 28:193-213.
	Other References: Videnovic A, Leurgans S, Fan W, Jaglin J, Shannon K. Daytime somnolence and nocturnal sleep disturbances in Huntington disease. Parkinsonism and Related Disorders 2009; 15:471-4. Aziz NA, Anguelova GV, Marinus J, Lammers GJ, Roos RAC. Sleep and Circadian rhythm alterations correlate with depression and cognitive impairment in Huntington's disease. Parkinsonism and Related Disorders 2010; 16:345-50.